

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITIO.	INITIALS	ID NO.	DATE
FEE DETERMINATION	W/R		10-11-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	WM	869	10-27-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	4/4/02
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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10/27